

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30291

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7630**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp. 9 Wks.
(Specify whether
In this community 53 Years
years, months or days)

3. (a) PRINT FULL NAME Calia Schepperle

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Nil 6. (c) Age of husband or wife if alive Nil year

7. Birth date of deceased April 1 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 19 hr. min

9. Birthplace Highland Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housekeeper

12. Name George Schepperle

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ferdindina Potthost

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Kelletts

(b) Address 4421 Farlin Ave.

17. (a) Burial (b) Date thereof Sept. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wiedmeyer & Sons

(b) Address 3934 N. 20 St.

19. (a) SEP 22 1941 (b) D. J. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Kirkwood N.R. 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 440 West Woodbine St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 26, 1941 to Sept. 20, 1941
that I last saw him alive on Sept. 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Cirrhosis of Liver (Alcoholic)
Cholelithiasis
Cholecystitis with
abscess of gall-bladder

Other conditions
(Include pregnancy within 3 months of death)

Major findings: cholecystitis,
Of operations cholelithiasis,
abscess of gall-bladder
Atrophic Cirrhosis of Liver

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Walter G. Kirschner (M. D. or other)
Address 508 W. Grand Blvd Date signed 9/22/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

06
17
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address

5934 Alpha Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.